

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| | | | | | |
|--|---|--------------------------|--|-----------------------------------|---|
| NAME OF FILER GROVE FOR ASSEMBLY 2010, SHANNON | | | Date of This Filing <u>03/24/2010</u> | Date Stamp Page 1 of 3 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (661)377-0410 | I.D. NUMBER (if applicable) 1325436 | | Report No. <u>5</u> | | |
| STREET ADDRESS | | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY BAKERSFIELD | STATE CA | ZIP CODE 93306 | No. of Pages <u>3</u> | | |

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|---|---|-----------------|
| 03/21/2010 | Brad Peters Bakersfield, CA 93314 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales San Joaquin Bank | \$1,000.00 |
| 03/21/2010 | Rayburn Dezember Bakersfield, CA 93309 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired Retired | \$3,900.00 |
| 03/21/2010 | Jasmine Moini Bakersfield, CA 93311 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Physician Office of Dr. Moini | \$1,000.00 |

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

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|---------------|--|---|---|-----------------|
| 03/21/2010 | William Lazzerini Bakersfield, CA 93389 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Advance Beverage | \$1,000.00 |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |

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| STREET ADDRESS | | | | | |
| CITY BAKERSFIELD | STATE CA | ZIP CODE 93306 | | | |

Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|-----------|--|--|------------------------|-------------------------------------|
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Reason for Amendment: